Notification.

TRAINING OF PUPIL COMPOUNDERS.

Applications in the accompanying form to enable candidates to undergo training in Compounding will be received in the Office of the Senior Surgeon with the Government of Mysore, Bangalore, not later than 15th June 1952.

2 Only 40 men candidates belonging to all communities will be admitted for the training.

3 Selected candidates will receive training in the Victoria Hospital, Bangalore, Krishnarajendra Hospital, Mysore and the District Hospitals.

4 Applicants must be natives of Mysore and must have passed at least the English Lower Secondary or any other equivalent examination.

5 Applications should be accompanied by the following certificates :—

(*a*) a certificate of character signed by the Head Master of the School;

(*b*) a certificate of having passed the English Lower Secondary and any other higher examination;

(*c*) a certificate of physical fitness and a vaccination certificate signed by a Registered Medical Practitioner of Mysore State;

(*d*) a certificate from any of the officers of the Mysore State holding a substantive appointment carrying a pay of not less than Rs. 100 to the effect that the applicant is a Mysorean by birth or domicile.

6 The training extends over a period of 12 months and an examination will be held at the end of this period. Candidates who have declared to have successfully passed the qualifying examination will be awarded diplomas and will be eligible for appointment as compounders in the Mysore State on the sanctioned scale of pay.

V. LAKSHMANA RAO PADKE,
Senior Surgeon.

MYSORE MEDICAL DEPARTMENT.

Form of application for Admission to the Training Class for Compounders.

1. Name in full ... ...
2. Approximate date of birth ... .
3. Caste, sect etc. ... ...
4. Place of birth ... ...
5. Residence and address ... .
6. Educational qualifications such as examinations passed. .....
7. Certificate attached:— ... .
   (1) Certificate of having passed the Mysore Lower Secondary Exmination or any other higher examination. .....
   (2) Certificate of physical fitness and vaccination certificate from a Registered Medical Practitioner of Mysore. .....
   (3) Certificate of character of not more than ten months old on the date of application signed by the Head Master of the School last attended by the applicant. .....
   (4) Certificate that the applicant is a Mysorean by birth or domicile. .....
8. Place where he wishes to undergo training. .....
9. Other particulars, if any, the applicant may wish to state. .....

Station..... .....

Date..... *Signature of the Applicant.*

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Notification.

Applications for scholarship in the annexed form to enable candidates to undergo training in Midwifery and for admission as private pupils in the following hospitals will be received in the Office of the Senior Surgeon in Mysore, Bangalore, not later than 20th June 1952.

Applicants must be natives of Mysore and not below 18 or above 30 years of age. The qualification required for training in first four institutions is a Pass in the Lower Secondary Examination and for training in the other institutions it will be enough if they know how to read and write Kannada well. Preference will be given to those belonging to the respective districts. The rate of scholarship is Rs. 15 per mensem and the period of training is 18 months in the first four institutions noted below and 12 months in the other institutions.

Further particulars and application forms can be had in person or on application with a postal stamp of Re. 0-2-0 or a self-addressed stamped cover, in the office of the undersigned :—

1. Vani Vilas Hospital, Bangalore.
2. Maternity Hospital, Malleswaram.
3. Cheluvamba Hospital, Mysore.
4. Maternity Hospital, Kolar Gold Field.
5. Chamarajendra Hospital, Hassan.
6. Maternity Hospital, Chikmagalur.
7. McGann Hospital, Shimoga.
8. District Hospital, Chitaldrug.
9. Maternity Hospital, Davangere.
10. General Hospital, Tumkur.
11. Sri Narasimharaja Hospital, Kolar.
12. General Hospital, Mandya.
13. Crawford Hospital, Saklespur.

V. LAKSHMANA RAO PADKE,
1651 *Senior Surgeon.*

MYSORE MEDICAL DEPARTMENT.

FORM OF APPLICATION FOR ADMISSION TO MIDWIFERY TRAINING CLASS.

(To be filled in the candidate's own handwriting in English or Kannada).

1. Name in full ... ...
2. Present occupation, if any, and address ... ...
3. Age (last birthday) ... ...
4. (*a*) Nationality ... ...
   (*b*) Whether a Mysorean or non-Mysorean ... ...
5. Whether single, married or widow ... .
6. Number of children, if any and how they are provided for ... .
7. Whether the applicant is otherwise free from home responsibility likely to interrupt her training ... .
8. Has the applicant had any practice in Midwifery (as a Dayee?) If so, where and for what period ... .
9. Name and address of the applicant's father, husband or the nearest relative in full with income ... .
10. Whether the following documents are attached :—
    (*a*) A certificate signed by the head of the school where the applicant was educated showing the standard of education received by the applicant... ... .
    (*b*) A certificate of age and physical fitness and vaccination signed by a Lady Medical Officer not below the rank of an Assistant Surgeon ... ...
    (*c*) A declaration of the husband giving his consent to his wife undergoing training, if the applicant happens to be a married woman ... ...
    (*d*) A certificate of good moral character signed by two persons of position and respectability who should have known the applicant for at least two years preceding the date of application. .....
11. (*a*) Whether the applicant seeks for a scholarship or is prepared to undergo the training as a paying student ... ...
    (*b*) Place where the applicant wishes to undergo training ... .
12. Any other particulars which the applicant wishes to state ... .

I declare that the above statements are true to the best of my knowledge and belief.

Place.....

Date..... *Signature.*